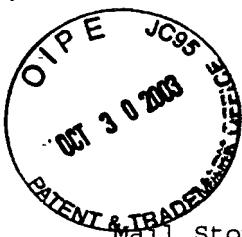


11-03-03
IMAGE

RCE/2800

Rev. 02/02
For Other Than A Small Entity

PATENTS



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. UV-197

Examiner Steve S. Paik
Art Unit 2876

Mail Stop RCE
Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

REQUEST FOR CONTINUED EXAMINATION

Sir:

This is a request for continued examination under 37 C.F.R. § 1.114, of pending prior Application No. 09/878,050, (Confirmation No. 1639), filed on June 8 of 2001 for SYSTEM AND METHOD FOR USING PORTABLE DEVICE WITH A CODE SCANNER.

1. Please enter the Amendment Pursuant to 37 C.F.R. § 1.116 filed on _____ in Application No. _____.
2. Please consider the arguments in the Appeal Brief or Reply Brief filed on _____ in Application No. _____.
3. An Amendment/Reply is enclosed.
4. Affidavit(s)/Declaration(s) is/are enclosed.
5. A Second Supplemental Information Disclosure Statement is enclosed.
6. A suspension of action on the above-identified patent application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months.
7. A check in the amount of \$770.00 in payment of the fee under 37 C.F.R. § 1.17(e) is enclosed.
8. Please charge \$770.00 to Deposit Account No. 06-1075 in payment of the fee under 37 C.F.R. § 1.17(e). A duplicate copy of this Request is enclosed.
9. The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17(e) in connection with this Request, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this Request is enclosed.
10. Please grant a one-month, two-month, three-month, four-month, extension of time under 37 C.F.R. § 1.136(a) to the Examiner's Action of _____ in the above-identified patent application.
11. A check in the amount of \$ _____ in payment of the extension-of-time fee is enclosed.

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EV 132188058 US

12. The Director is hereby authorized to charge payment of any additional extension-of-time fees required under 37 C.F.R. § 1.17 in connection with this paper, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this Request is enclosed.

13. Please charge the extension-of-time fee of \$ _____ to Deposit Account No. 06-1075. A duplicate copy of this Request is enclosed.

(Date)



Jared Kneitel
Registration No. 51,178
Agent for Applicants
FISH & NEAVE
Customer No. 1473
1251 Avenue of the Americas
New York, New York 10020-1105
Tel.: (212) 596-9000